

WRITE PEAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

28685

1. PLACE OF DEATH:

County Andrew  
Township Prarie  
City Ladonia (No. ....)

Registration District No. 24  
Primary Registration District No. 40157

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Benjamin Thomas Alexander

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Zona Alice Alexander</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 30 - 1872</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>0</u>
	DAYS <u>29</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hardware Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Center Mo.</u>	
	13. NAME <u>Thomas Alexander</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Center Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Susan City</u>	
	15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Center Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs Maurine Wallace Ladonia Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ladonia Mo</u> DATE <u>Sept 30 1933</u>		
19. UNDERTAKER (ADDRESS) <u>H. H. Trainger Ladonia Mo</u>		
20. FILED <u>9-28-1933</u> <u>W. K. McCall M.D.</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 - 1933

22. I HEREBY CERTIFY, That I attended deceased from April 11 - 1933, to Sept 28, 1933  
I last saw him alive on Sept 28 - 1933 Death is said to have occurred on the date stated above, at 9:58 a.m.  
The principal cause of death and related causes of importance were as follows:  
7 B of Lungs  
11 B  
23 A  
23  
Other contributory causes of importance:  
This trouble followed influenza  
Name of operation..... Date of.....  
What test confirmed diagnosis? Chinest Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) W. K. McCall, M. D.  
(Address) Ladonia Mo

